



Connecticut Department of Public Health

Testimony Presented Before the Public Health Committee

March 18, 2015

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Senate Bill 1089 - An Act Concerning Mental Health Services

The Department of Public Health opposes sections 4, 6, and 23 through 20 of Senate Bill No. 1089. These sections would establish behavioral health professional incentive programs to be administered by the Department of Public Health (DPH), and a licensure program for behavioral health analysts and assistant behavioral health analysts.

Section 4 establishes a behavioral health professional incentive program which would provide a grant to any person who is a licensed psychiatrist, psychologist, licensed clinical social worker, licensed master social worker, advanced practice registered nurse, or marital and family therapist. The proposed legislation would require the clinician to provide psychiatric services, and serve certain percentages of patient populations, including: greater than fifty percent children, adolescents or families; twenty-five per cent Medicaid recipients; and twenty-five percent who use health insurance to pay for services. To be eligible, the clinician must be practicing in a Health Professional Shortage Area (HPSA) designated by the United States Department of Health and Human Services' (DHHS) Health Resources and Services Administration (HRSA).

Section 6 establishes a behavioral health grant program for the purpose of assisting local and regional boards of education with employing or contracting for the services of a licensed clinical social worker, a licensed master social worker, or a psychologist. To be eligible for a grant under the program, the local or regional board of education shall be located in a HPSA and shall partner with one or more such boards in applying for such grant. Awarded grants would fund up to five full-time social worker or psychologist positions for a two-year period. Grant applications from local and regional boards of education located in the HPSA's would be submitted annually to the Commissioner. The Department does not have the resources or surveillance systems available to verify and track the types of services that clinicians provide, types of patients served, Medicaid recipients, and health insurance utilization. The department does not have data on local or regional boards of education's ratios of school psychologists or

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social workers to students, nor data that would be indicative of evidence of the need for behavioral health services by children and adolescents in the local communities served by the boards of education.

Currently, the State Primary Care Office (PCO) at the DPH receives federal funding, through a cooperative agreement with the Health Resources and Services Administration (HRSA), to work with communities to improve access to care for the underserved and uninsured in federally designated shortage areas. The federal funding supports the PCO in working with communities to identify geographic areas (census tracts, municipalities, and counties), population groups, and health care facilities experiencing critical shortages of primary care, dental and mental health providers, in accordance with the federal HRSA guidelines. The PCO identifies areas that may meet federal guidelines for Health Professional Shortage Area (HPSA) and Medically Underserved Area/Population (MUA/P) designations.

The cooperative agreement also requires that the PCO work collaboratively with the federal National Health Service Corps (NHSC) to administer a federal loan repayment program (LRP) to recruit and retain health professionals in federally designated HPSAs. The LRP is made available to primary care physicians (family practice, internal medicine, OB-GYN, and pediatricians), nurse practitioners, certified nurse-midwives, physician assistants, dentists, dental hygienists, and behavioral and mental health providers (psychiatrists, health service psychologists, licensed clinical social workers, marriage and family therapists, psychiatric nurse specialists, and licensed professional counselors) to provide culturally competent, interdisciplinary primary health care services to underserved populations. A federal Scholarship Program is also made available to students enrolled in a nationally accredited health professions university majoring in a primary care discipline. In exchange for a loan repayment award or scholarship, the recipient must provide service in a federally designated shortage area. In addition, the federal Centers for Medicare and Medicaid Services (CMS) provides Medicare bonus payments for physicians who furnish medical care services in geographic areas that are designated as a primary care and/or a mental health HPSA. In FFY 2014, one hundred and thirty (130) NHSC applicants were awarded loan repayment and twelve (12) scholarships were awarded.

The establishment of the proposed behavioral health professional incentive programs called for in sections 4 and 6 would require the Department to establish a new unit within its Family Health Section. This would require significant additional resources, thereby creating a fiscal impact on the Department.

Sections 23 through 29 require the Department to establish new licensure categories for behavior analysts and assistant behavior analysts. According to the Behavioral Analyst Certification Board (BACB) website, as of December 2014, there are 381 Board Certified Behavioral Analysts (BCBAs) and 51 Board Certified Assistant Behavior Analysts (BCaBAs) in Connecticut. Currently, Behavior Analysts are statutorily recognized in Connecticut (CGS Chapter 382a Section 20-185i). This statute defines Board Certified Behavior Analysts (BCBA)

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and Board Certified assistant Behavior Analyst (BCaBA) in Connecticut as those who are certified by the Behavior Analyst Certification Board. This statute enables the State to issue a "cease and desist" order if it receives a complaint that someone is practicing behavior analysis without board certification. The statute also states that anyone in violation of the statute shall be fined not more than \$500 or imprisoned not more than five years, or both.

Should the Department be required to implement a new licensure program for behavioral analysts and assistant behavioral analysts, significant resources would be needed to develop the new licensing program; establish application processing and credentials review procedures; design forms and related program materials; train staff in new procedures; receive, process and review new license applications; process license renewals; issue licenses; update the licensure database to incorporate this new profession and develop database workflows; and carry out other programmatic responsibilities, including developing regulations and outreach to provide notice to individuals who are currently engaged in this profession of the new licensure requirements. Ongoing requirements would include: receiving, processing, and reviewing new license applications; processing license renewals; issuing licenses; and carrying out other related programmatic responsibilities, including ongoing outreach to provide notice to individuals who are currently engaged in this profession of the new licensure requirements. In addition, DPH would begin to receive, investigate, prosecute and adjudicate complaints against licensees.

Consequently, due to the significant additional resources that would be needed to implement the requirements associated with Sections 4 , 6 and 23 through 29 of this bill, the Department is not supportive at this time.

Thank you for your consideration of the Department's opinion on this bill.